GHP Family Pharmacy Customer Service
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GeisingerHealthPlan.com

Geisinger

RANEXA (ranolazine) PRIOR AUTHORIZATION FORM

Prior authorization guidelines for Antianginal Agents and Quantity Limits/Daily Dose Limits are available on the Geisinger Health Plan website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

☐ New request ☐ Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/State/Zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Product requested: ☐ ranolazine ER tablet *(preferred, clinical PA required)* ☐ Ranexa tablet *(non-preferred)*	Strength:	
Dose/directions:	Quantity:	Refills:
Diagnosis *(submit documentation)*:	Dx code (*required*):	
Does the beneficiary have liver cirrhosis or clinically significant liver impairment? [Contraindication to ranolazine.]	☐ Yes ☐ No	*Submit documentation.*
Is a complete list of the beneficiary's current medications being submitted?	☐ Yes ☐ No	*Submit documentation of current medication list.*
INITIAL requests		
Does the beneficiary have a diagnosis of chronic angina?	☐ Yes ☐ No	*Submit documentation of diagnosis.*
Does the beneficiary have a history of trial and failure, contraindication, or intolerance of medications from the following 3 drug classes used for the treatment of chronic angina? ☐ beta blockers (e.g., atenolol, carvedilol, metoprolol, propranolol) ☐ calcium channel blockers (e.g., amlodipine, diltiazem, felodipine, verapamil) ☐ long-acting nitrates (e.g., isosorbide mononitrate, transdermal nitroglycerin)	☐ Yes ☐ No	*Submit documentation of all medications tried and outcomes.*
Does the beneficiary have documentation of baseline (before starting ranolazine) EKG results?	☐ Yes ☐ No	*Submit documentation of EKG results.*
RENEWAL requests		
Since starting ranolazine, has the beneficiary experienced an improvement in chronic angina symptoms?	☐ Yes ☐ No	*Submit documentation of clinical response.*
Does the beneficiary have documentation of recent (since starting ranolazine) EKG monitoring?	☐ Yes ☐ No	*Submit documentation of EKG results.*

Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:

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